

ehanically, showed a contraction of the pupil to one-fourth of the other eye. A rabbit killed with physostigmine did not show this feature; but it was exhibited to a small degree by one which had been killed by cyanide of potassium. This shows that muscles, though dead, are yet liable to be influenced specifically, and not only by the galvanic current, but also by physostigmine.—*British Med. Journ.*, Feb. 6, 1864, from *Ann. Chem. und Pharm.*, Jan. 1864.

MEDICAL PATHOLOGY AND THERAPEUTICS, AND PRACTICAL MEDICINE.

12. *Treatment of Asthma by the Iodide of Potassium.*—Dr. HYDE SALTER states (*Lancet*, Jan. 23, 1864) that the iodide of potassium does not, according to his experience, deserve so high a place in the treatment of asthma as has been given to it. He finds it entirely fail in a great many cases. Sometimes, however, he has seen most striking results attend its use, and he quotes two cases which were greatly benefited by its use.

The first of these is the following:—

“E. H.—, a lady aged thirty, who had suffered from asthma for seven years past, came under my care in September, 1863. Her paroxysms were of two kinds—very severe ones, lasting several days, at long intervals; and slight ones, occurring every night, and disturbing her sleep for an hour or two. From these last she had been suffering every night for some weeks when I saw her. Omitting many of the details of her case, I may mention the following as the most relevant: Diet appears to exercise no influence on her attacks. Damp places agree with her the worst, and she is never well for the first day or two on going to a new place. She is liable to what she calls attacks of renal congestion, in which the urine is very thick and high-coloured, and she thinks that this state of the urine is associated with and produces the asthma. Her father is a martyr to rheumatic gout, quite crippled by it, and has been for years; an uncle died of gout quite young. She has tried an infinity of medicines, and as far as their effects go, they may be divided into two classes: those which give her slight relief, and those which give her no relief at all. Among the former are—inhaling chloroform, smoking stramonium, smoking various forms of cigarettes, burning nitre paper and inhaling the fumes, ipecacuanha as an emetic, mustard plasters, blisters, chloric ether in thirty-minim doses. Among the latter are—strychnine and nux vomica, valerian, lobelia, hot, strong coffee, sulphuric ether, Indian hemp. The benefit derived from inhaling chloroform, fumes of nitre paper, from ipecacuanha as an emetic, and from chloric ether, is great at the time, for the smaller attacks, but in each case evanescent.

“When I first saw this lady, she was staying at Chertsey, and having the minor attacks every night. I prescribed for her extract of stramonium, and one or two remedies which she had not tried. She called on me again about the 5th of October, and informed me that what I had prescribed for her did not seem to have affected her in any way: she still had the slight attacks every night. She was going away in three days to a place in Surrey, where she had always been bad and had had some of her most violent attacks; indeed, she had never been there without being violently asthmatic the whole time, and she looked forward to her visit with great apprehension. The house to which she was going was built, as she described it, almost in a well—in a place surrounded with water on all sides, and which was rather *wet* than *damp*. I ordered her five grains of iodide of potassium and twenty minims of aromatic spirit of ammonia, in a wine-glass of water, three times a day. I saw her husband on the 22d of October, seventeen days afterwards, and his report was as follows: She had begun the iodide of potassium a day or two after I had ordered it, and had not had an attack of any kind, severe or light, since. The minor attacks had entirely ceased, and she slept uninterruptedly through the night, a thing she had not done for two or three months: she had gone to the dreaded place, and no attack

irred—the first time in her life that that had ever happened. Her husband did not know when he had seen her so well. She was daily gaining flesh and strength. The lady herself, with great simplicity, gave the strongest testimony to the effect of the remedy by saying, in her written account of what she had been so well since she had been taking it that she had had the opportunity of trying what its effects would be upon her asthma.' To which I replied, that I did not care how long the same result should keep in front of the virtues of the remedy.

Now nearly a month since she has been taking the iodide, and she still remains perfectly free from her former symptoms. Occurring, as the change was, lenly, and coincidently with the taking of the medicine, and under the most favourable circumstances—that is, when she was going to a place where she had never before escaped severe asthma as long as she was in it, I cannot but attribute the result to the remedy. What will be the effect of leaving it off, and then on future occasions its results will be equally striking, the future will show."

In another case which he relates the iodide was equally beneficial, he says:—It should always be borne in mind, in giving iodide of potassium for asthma, that it is often some time before it begins to take effect. I have a patient at present time under my care who has been taking it for three weeks past in small doses three times a day, but it is only during the last week that any improvement has taken place in him. He has lost his spasms; the excitation has very much decreased; and he has ceased to experience an abiding sickness and tightness of breathing that he had in the intervals of the attacks and which never left him. His nurse tells me that whereas before, for the past, whenever he was asleep his breathing was audible and laboured, and accompanied with a slight wheezing, it is now inaudible and tranquil. Yet in the first fortnight this patient derived no apparent benefit whatever from it, and was anxious to give it up; now, however, he is convinced of the benefit it is doing him, and is anxious to continue it. It may be asked, Why do we not attribute the improvement is really to be assigned to a remedy that seems to be so long inoperative? Why may not the apparent benefit be a coincidence and the drug be really doing him no good whatever? I think the important point is the work of the iodide for two reasons. In the first place, from the illness of the patient's previous condition for a great length of time, no other means or any other agencies that were brought to bear upon him making any difference in him. In the second place, from this tardiness of the action of the iodide of potassium corresponding with its action in other affections. How long it takes, before it makes any appreciable impression upon a goitre, and how complete and satisfactory its results may ultimately be! It is not to be denied that the benefit derived from iodide of potassium in asthma is really due to its beneficial influence in chronic bronchitis, and therefore only in those cases of asthma in which it did any good were cases in which bronchitis and asthma coexisted, and the one was the exciting cause of the other. I am compelled, however, now to abandon that view; for in some cases in which its efficacy has been the most striking there has not been any chronic bronchitis.

Another theory that I once held I am also obliged to abandon—namely, that the advantage only in those cases in which the asthma was due to a gouty or uratic-gouty condition; and that it was by relieving this condition that it effected the consequent asthma. In two of the cases that I have related this could be borne out, for there was evidence of gout in both of them; but

at a month after writing the above, I heard that this lady had had a severe attack of acute bronchitis from exposure to cold. She was taking the iodide of potassium at the time. The bronchitis was very severe, so that for a day or two she was in danger; but she had no asthma, although on all former occasions when she had had bronchitis it had induced asthma. On the abatement of the attack, I advised the resumption of the iodide of potassium; and at the time it was first heard from her there had been no reappearance of the asthma, and this was two months from the time it was first given.

in the third was not a trace. Moreover, I have seen cases of true gouty asthma in which iodide of potassium has been of no service.

"Of its ultimate and exact *modus operandi* I can neither offer any explanation nor form any reasonable opinion. I am not, however, the less satisfied of its occasional great value, and of the propriety of its use in any case in which it has not been tried."

13. *Diagnosis of Embolism*.—M. BROCA has communicated to the Surgical Society of Paris some observations on the temperature of limbs, in which the principal artery has been obliterated. He related the following case, which shows that the thermometer will determine when gangrene in a limb is not due to embolism.

An old woman had on her foot a slight sore, which became covered by a persistent cicatrix. On December 4th, severe pain was felt in the leg; she had fever, and a black phlyctæna was formed around the crust. On application of the thermometer, it was ascertained that there was a fall of 1 per cent. in the entire limb; whereas in embolism the temperature is only affected below the seat of obstruction. Death occurred ten days afterwards. On *post-mortem* examination, there was found to be an atheromatous state of the femoral artery; and its calibre was reduced to the size of the radial by the deposition of fibrinous layers in its interior. The artery was completely obliterated by a clot which had lately formed, and which was the cause of the gangrene. The successive deposition of fibrin explained the gradual retardation of the circulation of the limb.—*Gaz. des Hôpitaux*, Jan. 5, 1864.

14. *Spontaneous Thrombosis of the Left Femoral and Saphena Vein*.—Dr. TUCKWELL relates (*Med. Times and Gaz.*, Feb. 13, 1864) the following case of this:—

A. B., aged 33, has previously enjoyed good health; during the past year has allowed himself but little rest in his profession, and has become thoroughly overworked. His present illness commenced about a month ago with severe pain in the head, which lasted five or six days without intermission, and left him much weakened. The pain then shifted to the loins, and continued there for two weeks, during which time he was extremely depressed and unable to get about. At the end of this time, rather more than a week ago, he was attacked suddenly in the night by a violent pain in the right side, which seems to have been purely neuralgic, for no signs of pleurisy could be detected at the time; this pain continued for three days and nights, during which time *he lay continually on the left side*, without sleep, and taking no food, till, on the fourth day, it left him almost as suddenly as it had come on. On attempting now to change his posture he found that the left leg was quite numb, that sensation began to return after rubbing the leg for a time, but that, with returning sensation, there came on an intense pain in the lower part of the leg, more especially in the calf; that he soon observed the leg and foot beginning to swell; that the swelling gradually involved the whole leg and extended up the thigh to the groin, the pain becoming generally diffused and intensified as the swelling extended and increased. I saw him on the fourth day after the swelling had commenced, when the following appearance presented itself:—

He is extremely prostrate, unable to raise himself in bed; the eyes hollow; the voice low and changed; skin generally cool, except that of the left leg, which is abnormally hot; pulse 60, very small, thready and irregular, intermitting at every third beat; thorax generally resonant on percussion; respiration feeble, but free from any morbid sound; urine natural. The left leg from the groin to the toes, is enormously swollen, pitting everywhere deeply on pressure, its surface is hot and very sensitive; an indistinct hardness can be felt through the œdema along the course of the femoral and saphena vein as far as Poupart's ligament, above which point it cannot be traced; beneath the œdematous integuments large superficial veins are seen ramifying along the anterior and outer aspect of the thigh.

Diagnosis.—Thrombosis of saphena and femoral, perhaps of external iliac vein.